DESI AVGIICIDIE CODY

	•. •	Effect	ive Octor	per 1, 20	ЮО			ľ	V 4/	00	(4)	79
		CLAIMS AS	S FILED - (Column		(Colu	mn 2)	SMAL	. E!	YTITY	OR	OTHER SMALL	
TOTAL CLAIMS			S				RAT	Ε·	FEE		RATE	FEE
FOR			NUMBER	FILED .	NUMB	ER EXTRA	BASIC	FEE	.355.00	QЯ	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			≶ mi	minus 20=		X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			, m	inus 3 =		0	X40	 =	•	OR	X80=	
-	MULTIPLE DEPENDENT CLAIM PRESENT					+135	=		OR	+270=		
• If	the difference	in column 1 is	less than z	ero, enter	"0" in c	olumn 2	TOT	\L		OR	TOTAL	710
	C	LAIMS AS A (Column 1)	MENDE	D - PAR (Colur		(Column 3)	SMA		ENTITY	OR	OTHER SMALL	
ENTA		CLAIMS REMAINING AFTER : AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	• 5	Minus	Ġ.	O		X\$ 9			OR	X\$18=	
	Independent	NTATION OF M	Minus	DENIDENIT	<u> </u>		X40	=	•	OR	X80=	
	FIRST PRESE	MATION OF M	OLINPLE DE	PENDENI	CLAIM		+135	=		OR	+270=	
							TO ADDIT. I	AL EE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total		Minus			=	Y\$ 0	_			Y\$18-	

AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
9	Total		Minus		=			
	Independent		Minus	***	=			
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1)		(Column 2)	(Column 3)				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
Ş	Total	•	Minus	••	=				
ME	Independent	•	Minus •••		=				
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

ADDI-ADDI-**RATE** TIONAL RATE TIONAL FEE FEE X\$ 9= X\$18= OR X40= X80= OR +270= +135= TOTAL TOTAL

FORM PTO-875 (Rev. 8/00)

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.